Nurses as Therapists: A Policy Answer

This essay advocates for an evolution in the professional role of psychiatric nurses in Australia. Australia is currently experiencing an epidemic of mental health conditions that respond better to psychological interventions, such as counselling, than to pharmacological solutions. Notwithstanding, psychological interventions are not popular. Particularly given this, psychiatric nurses are ideally positioned to become primary providers of these psychological therapies.

According to the Australian Institute of Health and Welfare (AIHW) (2007), mental health conditions are the leading cause of disability in Australia. The National Survey of Mental Health and Wellbeing (Slade et al., 2009) revealed that 45.5% of the population have or will experience a mental health problem at some point in their lifetime. Anxiety disorders comprise the most common mental health conditions, affecting 1 in 7 Australians (Slade et al., 2009). The prevalence of anxiety also highlights gender differences, with women suffering more. Despite the medical model still dominating healthcare delivery, psychological therapies are not popular. After exploring the problem, this essay demonstrates that psychiatric nurses should provide psychological therapies. After exploring the scope of the problem, this essay proposes that psychiatric nurses are ideally positioned to become primary providers of these psychological therapies.
more frequently more than men (17.9% v. 10.8%, respectively) (Slade et al., 2009).

Unfortunately, Mental-mental problems health conditions are also expensive to treat. From 2013–2014, Australia spent AUD (e.g., $8 billion, 800,000,000, or AUD $344 per person), which is how much was spent on psychiatric services in Australia from 2013 and 2014 (Australian Institute of Health and Welfare [AIHW], 2015).

Barlow (2004) observed that psychological interventions are efficacious and safe for the treatment of social anxiety disorder. More recently, following a systematic review of the literature and a large-scale meta-analysis, Mayo-Wilson et al. (2014) concluded that cognitive behavioral therapy (CBT) was actually more effective than pharmacotherapy with selective serotonin reuptake inhibitors (SSRIs), such as sertraline, for the treatment of social anxiety. Additionally, Moreover, while sertraline has been regarded as the gold standard of pharmacological interventions for social anxiety, Gordon and Melvin (2013) listed many side effects, especially particularly for teenage adolescent patients, that would suggest that sertraline might not be the ideal initial treatment.

But although CBT may be a safer treatment and more effective treatment for social anxiety than the administration of SSRIs, it also be is more taxing in terms of resource usage. Priyamvada and others et al. (2009) have reported described a 17-session treatment regimen for social anxiety requiring comprised of seventeen with social anxiety over 17 one-hour 1-hour 1-hr sessions. Morris, Mensink, and Stewart et al. have described 12 2.5 hours per sessions, each lasting 2.5 hours. From this, we can conclude that Thus, hour CBT demands a substantial time investment of time. In Australian context, this time commitment might be highly problematic given that because clinical psychologists comprise the bulk of cognitive behavioral therapists. According to the 2014 National Health Workforce Data Set, there were are 23,878 clinical psychologists in Australia in 2014 (Australian Institute of Health and Welfare [AIHW], 2016). This would imply suggest gives a
ratio of 87 clinical psychologists per 100,000 population, which is in no way inadequate to address the scope of the problem posed by anxiety disorders. Moreover, not all psychologists working in health-care, so the actual figure is no doubt likely to be considerably lower. Training new clinical psychologists might seem like a logical response to this shortfall; however, the minimum training time to train for a clinical psychologist in Australia is 6 years (4 years honours and 2 years provisional registration) (AIHW internship (Australian Institute of Health and Welfare, 2016). Therefore, we must either change our approach to training clinical psychologists must change, or society must look elsewhere to meet the workforce demands for cognitive behavioural therapists so that we may in order to respond to the high incidence of social anxiety disorders.

**Chance Practical Solutions**

Although cognitive behavior therapy done mostly by clinical psychologists perform the majority of CBT, the law does not prohibit other professionals from other disciplines from using practising cognitive behavioural therapists CBT. In fact, the Australian Association for Cognitive and Behaviour Therapy (2016), the Australia’s primary peak training and registering agency for cognitive behavioural therapists in Australia, has recognised various other disciplines, such as providers of CBT, from several other disciplines, including teachers, social workers, dentists and nurses. With as mental health nurses comprising, make up 77% of the psychiatric workforce in Australia (Fisher, 2015), these mental health workers they are ideally poised to become the primary providers of CBT with which to treat social anxiety disorders.

In 2012, there were 334,078 nurses in Australia, 238,520 of whom were Registered Nurses (AIHW, 2013). According to the 2014 National Health Workforce Data Set, only 1 in 15 of the 334,078 total nurses in Australia are Registered Psychiatric mental

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health. Nurses. Therefore, the per capita ratio of mental health nurses is worse than clinical psychologists (82 psychiatry nurses for every 100,000 population individuals) is poorer than that of clinical psychologists (AIHW, 2016). Notwithstanding Moreover However, the turnaround time in terms of training period for mental health nurses is significantly shorter than that of clinical psychologists, with all registered nurses complete their faster to train 3–4 year bachelor programmes in 3–4 years. Based on current award wages, registered 4 years. Registered nurses are also cheaper to employ than clinical psychologists [AUD $57.754 versus AUD $74.099 (PayScale, 2016)].

Some nurses however, might argue that if training as cognitive therapists, we are would further dilute their roles or that they are simply too busy to provide a heavily structured intervention like CBT. This A However, such reluctance to provide CBT, however, runs is disputed contrary to by the literature, which shows that nurses have always had a role in the provision of psychological therapies (Delaney and Handrup, 2011).
References


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